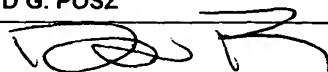


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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No. <b>11-178</b>	
(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))		First Inventor or Application Identifier <b>TAGUCHI et al.</b>	
		Title METHOD AND SYSTEM FOR REGISTERING ID INFORMATION OF EACH TRANSMITTER, AND METHOD AND SYSTEM FOR IDENTIFYING RESPECTIVE TRANSMITTERS, APPLICABLE TO A PNEUMATIC TIRE PRESSURE MONITORING SYSTEM, A PNEUMATIC TIRE PRESSURE MONITORING APPARATUS, AND RELEVANT PNEUMATIC TIRE PRESSURE MONITORING PROGRAM	
		Express Mail Label No. <b>0</b>	
<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		5. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification [Total Pages <b>53</b> ]  -Descriptive title of the Invention -Cross Reference to Related Applications -Background of the Invention -Summary of the Invention -Brief Description of the Drawings -Detailed Description of the Preferred Embodiment -Claims -Abstract of the Disclosure		6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>9</b> ]		<b>ACCOMPANYING APPLICATION PARTS</b>	
4. Oath or Declaration [Total Sheets <b>3</b> ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63 (d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).			
<div style="border: 1px solid black; padding: 2px; font-size: small;">NOTE FOR ITEMS 1 &amp; 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27); EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)</div>		7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized) *Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired 13. <input type="checkbox"/> (PTO/SB/09-12) 14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other: .....	
16. If a <b>CONTINUING APPLICATION</b> , check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ Prior application information: Examiner: _____ Group/Art Unit: _____ For <b>CONTINUATION or DIVISIONAL APPS only</b> : The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>17. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label <div style="text-align: center; border: 1px solid black; padding: 2px;">23400</div> (Insert Customer No. or Attach Bar Code label here) or <input type="checkbox"/> Correspondence address below			
PATENT TRADEMARK OFFICE			
Name _____			
Address _____			
City _____		State _____ Zip Code _____	
Country _____		Telephone (703) 707-9110 Fax (703) 707-9112	
Name (Print/type) <b>DAVID G. POSZ</b>		Registration No. (Attorney/Agent) <b>37,701</b>	
Signature 		Date <b>August 22, 2003</b>	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Arlington, VA 22202. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent

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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="margin: 5px 0;"><i>Patent fees are subject to annual revision.</i></p>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
		Filing Date <b>August 22, 2003</b>	
		First Named Inventor <b>TAGUCHI et al.</b>	
		Examiner Name	
TOTAL AMOUNT OF PAYMENT (\$) <b>1738</b>		Group/Art Unit	
		Attorney Docket No. <b>11-178</b>	

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																								
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number <b>50-1147</b></p> <p>Deposit Account Name <b>POSZ &amp; BETHARDS, PLC</b></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	<p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge – late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge – late provisional filing fee or cover sheet.</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> 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<b>SUBTOTAL (2)</b>					<b>(\$)<b>948</b></b>																																																																																																																																																																																				
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<b>SUBTOTAL (3)</b>					<b>(\$)<b>40</b></b>																																																																																																																																																																																				

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	<b>DAVID G. POSZ</b>	Registration No. (Attorney/Agent)	<b>37,701</b>
Signature		Telephone	<b>(703) 707-9110</b>
		Date	<b>August 22, 2003</b>

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